APPLICATION FOR MASTER ELECTRICIAN LICENSE CITY OF COLLEGE STATION

Name of applicant:		
Home address:		
City:	State:	Zip Code:
Home telephone: ()		SSN
Firm you represent:		
Firm address:		
		Zip Code:
Firm telephone: ()		
Where would you like your Master Electrician information mailed to? (Circle one)		
Firm Address	or	Home address
Qualifications: (ie: schools attended, special courses, etc.)		
Actual experience in electrical wor	ل .	
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I hereby certify that the above statements are true and hereby make application to the City of College Station for a Master Electrician's License, for which I attach a \$25.00 fee. Said fee shall be refundable if the application is denied because of qualifications or experience being unacceptable.		
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Signature of Applicant		Date of Application
Approved / Denied		
Approved / Denied Chief E	Building Official	Date

